

Curriculum Guide

for the

Assistance with Medications for

Unlicensed Assistive Personnel Course



Health Professions Program
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Introduction

Assisting with medications by the Unlicensed Assistive Person is becoming more and more frequent with the trend to provide health care through the most efficient and cost-effective methods possible. Through many revisions and work by two technical committees formed by the State Division of Professional-Technical Education and careful consideration by the Idaho Board of Nursing the following curriculum has resulted.

In some states, Unlicensed Assistive Persons who assist with medications have the title of Certified Medication Assistant. This is not a valid title in Idaho and should not be used. This title implies certification, which in turn implies regulation. Individuals who take this course may assist with medication, only as governed by the regulations of each health care setting, and as deemed safe by the delegating professional.

This course is directed by one of Idaho's six post-secondary technical education colleges: North Idaho College School of Applied Technology, Lewis-Clark State College School of Technology, Idaho State University College of Technology, Eastern Idaho Technical College, College of Southern Idaho, and Boise State University Larry G. Selland College of Applied Technology. This course is intended to be delivered through eight (8) hours of instruction (theory = 5 hours, clinical = 3 hours).

Instructor qualifications for this course are the same as the state requirements for Certificated Nursing Assistant Instructors with the exception of a Licensed Pharmacist who meets the Idaho certification standards for Professional Technical educators. These requirements are as follows: (1) A current, valid and unencumbered license to practice in Idaho as a licensed professional nurse (RN) or pharmacist. (2) Three years of clinical practice. (3) A Licensed Professional Nurses clinical experience must include at least two years of long-term or chronic care. Application to teach must be made through a professional-technical college and primary certification is issued from the state Board of Nursing.

Responsibilities

The following people were responsible for the development and implementation of the Curriculum Guide for the Assistance with Medications for Unlicensed Assistive Personnel Course.

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Resources

Equipment List

- ☐ 60 cc cath tip syringe
- ☐ Bed protectors
- ☐ Mock blister packs
- ☐ Cotton tipped applicators
- ☐ Mock ear drops
- ☐ Facial tissues
- ☐ Gastrostomy tube mock set up
- ☐ Gauze pads and tape
- ☐ Disposable non-sterile gloves
- ☐ Mock hand held inhaler
- ☐ Water soluble medical lubricant
- ☐ Measuring devices for liquid medications
- ☐ Medication cassettes (various sizes)
- ☐ Mock nasal spray
- ☐ Nebulizer machine
- ☐ Non-prescription labeled medication bottles
- ☐ Non-prescription labeled liquid medication bottles
- ☐ Mock nose drops
- ☐ Pill crushing device
- ☐ Prescription medication labeled bottles
- ☐ Prescription labeled liquid medication bottles
- ☐ Sanitary pads
- ☐ Rectal / vaginal suppositories
- ☐ Tongue blades
- ☐ Mock topical medications

Phase I

Didactic Education

1. Complete training of Phase I (classroom training reflecting the curriculum).
2. Successful completion of this course, verified by a certificate with a passing rate of 80 percent or above.
3. Testing will be without notes or assistance.

1.0 Legal Considerations for Accepting Delegation to Assistance with Medications

A. Performance Objective:

At the conclusion of this section the student will be able to identify the information at the competency level indicated in each section.

1.01 Board of Nursing Rules

- a. Define UAP
- b. Define Assistance with Medications
- c. Explain the three things that must happen for the UAP to accept delegated tasks
 - i. Appropriate person delegates the task (authority)
 - ii. Proven competency to perform the task (education)
 - iii. Evaluation of competency by frequent supervision
- d. Explain the responsibility of the UAP in accepting delegation from the licensed nurse (RN/LPN).
- e. Follows written plan of care-and follows written prescription instructions.
- f. List 10 requirements for unlicensed assistive personnel to assist with medications
 - i. Written and oral instructions
 - ii. Delegation by a licensed nurse (RN/LPN)
 - iii. Stable health (UAP is not allowed to assist client)
 - iv. Maintenance level medications
 - v. PRN considerations

- vi. No injectable medications or intravenous medications
- vii. Knowledge of what information to report
- viii. Knowledge of when information must be reported
- ix. Appropriate Medicine Containers and labels
- x. Record keeping

1.02 Explain agency policy/procedure

- a. Discuss the importance of the UAP knowing agency policy/procedure
- b. Discuss the limitations of the UAP in ensuring legal requirements are met for assistance with medications

2.0 Infectious Diseases

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the competency level indicated in each section.

2.01 Explain Infectious Processes

- a. Explain paths of infection

2.02 Explain Infection Prevention

- a. UAP and infection prevention-hand washing
- b. Explain standard precautions
- c. Discuss when standard precautions should be used by the UAP assisting with medications

3.0 Basic Understanding of Medications

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the level indicated in each section.

3.01 Describe Medications Included in this Module

- a. Oral Medications
- b. Eye Drops
- c. Ear Drops
- d. Topical Medications
- e. Nose Drops
- f. Suppositories, Rectal and Vaginal
- g. Pre-Mixed Nebulizers
- h. Pre-Mixed (metered-Dose) Hand held Inhalers
- i. Medications Instilled in a Gastric Tube

3.02 Vocabulary

- a. Define the following:
 - i. Anus
 - ii. Canthus
 - iii. Cerumen
 - iv. Conjunctiva
 - v. Contamination
 - vi. Discharge
 - vii. Ear Auricle

- viii. Ear canal
- ix. Ear lobe
- x. Gastric tube
- xi. Infection
- xii. Lithotomy position
- xiii. Medication label
- xiv. Metered dose oral inhaler
- xv. Nostril
- xvi. Nebulizer
- xvii. Perineum
- xviii. Pre-mixed
- xix. Sim's position
- xx. Suppository
- xxi. Vagina

3.03 Medical Abbreviations

- a. Define the following:
 - i. BID
 - ii. TID
 - iii. QID
 - iv. PRN
 - v. HS
 - vi. D/C
 - vii. tsp
 - viii. QD

- ix. \overline{Q}
- x. NKA
- xi. od
- xii. os
- xiii. ou
- xiv. P.O.
- xv. PRN
- xvi. npo
- xvii. qtt
- xviii. tbsp
- xix. mg
- xx. cc(ml)
- xxi. \overline{c}

3.04 Types of Medication

- a. Explain the following:
 - i. Oral medications
 - ii. Liquid medications for gastrostomy
 - iii. Topical medications
 - iv. Inhaled medications
 - v. Suppositories

3.05 Medication Actions

- a. Define abnormal actions of a medication
- b. Explain what an allergic reaction to medication is, including anaphylaxis

- c. Demonstrate what a UAP should do in an emergency

3.06 Medication Abuse

- a. Describe how to recognize medication abuse
- b. Define medication abuse

3.07 Oral PRN medications

- a. Describe what a PRN is
- b. Explain what the role of a UAP is with PRN medications
- c. Demonstrate recording and reporting skills

4.0 Care of Medications

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the competency level indicated in each section.

4.01 Storage of medications

- a. State how medication must be stored
- b. Describe 3 safety factors for correctly storing medications
 - i. Out of direct sunlight
 - ii. At room temperature
 - iii. Out of reach of children

4.02 Prescription medication labels

- a. Name 7 items of information on a prescription label
 - i. Patient's name
 - ii. Name and strength of the medication
 - iii. Directions for use--amount to take and how often
 - iv. Date filled
 - v. Name of the ordering physician
 - vi. Expiration date
 - vii. Special storage instructions

4.03 Over-the-counter medication labeling

- a. Describe 3 criteria for the UAP to assist with non-prescription medications
 - i. Supervising nurse awareness

- ii. Kept in original container
- iii. Patient/client name on container

4.04 When a UAP cannot assist with a medication

- a. List 2 conditions that justify not using an over the counter medication
 - i. No label
 - ii. Unreadable label
- b. Discuss the expiration date on medications

4.05 Missed doses

- a. Describe the role of the UAP if a dose of medication is missed
- b. Describe the role of the UAP if a medication error occurs

4.06 Disposal / destruction of medication

- a. List 3 criteria for when a medication should be destroyed
 - i. Discontinued medications
 - ii. Expired medications
 - iii. Medications with improper labels
- b. Explain 2 steps UAP's must perform if they become responsible for the disposal/destruction of medication
 - i. Document
 - ii. Have a witness to the destruction.
- c. Explain why medications should never be thrown in the garbage can

4.07 Controlled substance counts

- a. Describe how controlled substances must be maintained

5.0 Recording and Reporting

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the level indicated in each section.

5.01 Demonstrate correct methods of record keeping for medications

- a. Describe a medication record
- b. List five important aspects of a medication record
 - i. Date
 - ii Name of the patient/client
 - iii. Names of the medication
 - iv. Dosages of medications
 - v. Times of administration
- c. Describe how a UAP should document on a medication record
 - i. No whiteout
 - ii Use black ink only
 - iii Do not change what has been written
 - iv Describe how to correct an error
- d. Discuss what the UAP should report and when he or she should report it.
- e. Explain controlled substance counts

6.0 Patient Rights

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the competency level indicated in each section.

6.01 Right to refuse medications

- a. List two things a UAP must do if a patient/client refuses his or her medication
 - i. Document
 - ii. Report

6.02 Patient/Client rights

- a. Discuss the responsibility of the UAP in maintaining the patient/client rights

7.0 Safety Measures

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the competency level indicated in each section.

7.01 Dangers associated with medications

- a. Discuss reasons why medications may be dangerous
 - i. Adverse effects
 - ii. Anaphylaxis
 - iii. High risk populations
 - iv. Describe measures an UAP should take in an emergency with medications

7.02 Six rights of medication

- a. Discuss the 6 rights of medication assistance as it pertains to the unlicensed assistive person
 - i. The right person
 - ii. The right medication
 - iii. The right time
 - iv. The right route
 - v. The right dose
 - vi. The right documentation

8.0 Problem Solving

A. Performance Objective

At the conclusion of this section the student will be able to identify the information at the level indicated in each section.

8.01 Critical thinking.

- a. Discuss the UAP's role in problem solving
- b. List the five steps for UAP's in critical thinking decision making process
 - i. Gathering accurate information
 - ii. Reporting to supervising nurse
 - iii. Implementing the plan
 - iv. Documenting
 - v. Evaluating

Phase II

Clinical Education

Provided the information and training required for this phase of the course, the student must be able to demonstrate the following procedures with 100 percent accuracy.

Since this course is intended to be given in a classroom / lab situation, there may be certain procedures that are not possible for the student to *demonstrate*. In each instance, the student will be able to explain the correct procedure with 100 percent accuracy.

1.0 Procedure for Assistance with Oral Medications

- A. When assisting with oral medications, the student will:
- i. Wash hands.
 - ii. Check the medication label for “6 rights.”
 - iii. Verify the patient’s identity.
 - iv. Explain the procedure to the patient.
 - v. Check written instructions for medication, dose, expected effects, adverse reactions, and actions to take in an emergency.
 - vi. Remove the cap from the prescription bottle if assistance is needed. (Demonstrate how to set cap down to keep it clean.)
 - vii. Assist patient to take the correct dose out of the prescription bottle, if it is a liquid medication assist patient to pour correct amount into a proper measuring device.
 - viii. Assist the patient with placing medication in his mouth and hand him the liquid.
 - ix. Watch the patient to assure he has swallowed the medication.
 - x. Assist patient to comfortable position.
 - xi. Clean the measuring device or discard, as appropriate.
 - xii. Watch the patient for any unusual changes after taking the medication.
 - xiii. Refer to your written instructions from the nurse if any patient changes are noted.
 - xiv. Store medication as directed.

- xv. Clean area.
- xvi. Wash hands.
- xvii. Record/report as directed.

2.0 Procedure for Measuring a Liquid Medication

- A. When measuring liquid medications, the student will:
- i. Wash hands.
 - ii. Check the medication label for “6 rights.”
 - iii. Verify the patient’s identity.
 - iv. Explain the procedure to the patient.
 - v. Check written instructions for medication, dose, expected effects, adverse reactions, and actions to take in an emergency.
 - vi. Shake medication as directed by the supervising nurse.
 - vii. Make sure the label is clean of discoloration.
 - viii. Remove the cap from the prescription bottle if assistance is needed. (Explain how to remove and replace the cap.)
 - ix. Assist patient to pour correct amount into the proper measuring device.
 - x. If using a measuring syringe:
 - Pour approximate amount of medication you are going to use in a sterile container for drawing.
 - Draw up exact amount of liquid ordered.
 - Pour remainder of medication back into container or dispose according to instructions from the supervising nurse, cap the medication. (Demonstrate how to set a cap down to keep it clean.)
 - xi. If using a medication cup:

- Set cup on a level surface.
 - Pour medication into cup to prescribed amount; be sure to look at cup from eye level to avoid distortion.
- xii. Assist with medication as directed by the supervising nurse.
- xiii. Record/Report as directed.

3.0 Procedure for Crushing or Breaking a Scored Tablet

- A. When crushing or breaking a scored tablet the student will:
- i. Wash hands.
 - ii. Check the medication label for “6 rights.”
 - iii. Verify the patient’s identity.
 - iv. Explain the procedure to the patient.
 - v. Check written instructions for medication, dose, expected effects, adverse reactions, and actions to take in an emergency.
 - vi. Remove the cap from the prescription bottle.
 - vii. To crush a tablet:
 - If using a pestle and mortar,-place the tablet in a clean mortar and crush thoroughly with a clean pestle.
 - If using a commercial pill crusher, make sure it is clean. Place the pill in the chamber and follow manufacturer’s directions.
 - viii. To break a scored tablet: (tablet with a line on it):
 - Place your forefinger and thumbs on both sides of the tablet along the line of scoring.
 - Break the tablet.
 - ix. Clean the supplies used so no medication residue remains.
 - x. Record / report as directed.

NOTE: Never crush or break a tablet unless the supervising nurse has provided specific instructions to do so.

4.0 Procedure for Cleaning Secretions from the Eyes

- A. When cleaning secretions from the eye the student will:
1. Wash hands.
 2. Put on gloves.
 3. Dip clean, new gauze pad in warm water of saline solution; squeeze out excess.
 4. Clean from inner eye to outer eye using one gauze pad for each stroke and repeating step 3 each time, or as needed to remove debris.
 5. Discard gauze pad after each stroke into waste container.
 6. Replace clean eye covering as needed.
 7. Clean area.
 8. Remove gloves.
 9. Assist patient/client to comfortable position.
 10. Wash hands.
 11. Record/report as directed.

5.0 Procedure for Assistance with Instillation of Eye Drops

- A. When assisting with the instillation of eye drops the student will:
- i. Wash hands.
 - ii. Check the medication label for correct application to eye(s) following the “6 rights.” Verify which eye is to be medicated.
 - iii. Put on gloves.
 - iv. Verify identify of the patient
 - v. Explain the procedure to the patient.
 - vi. Position patient in a sitting or lying position with head tilted back and toward affected eye so excess will flow away from eye
 - vii. Cleanse any debris from the eye as directed by the nurse (see previous procedure.)
 - viii. Remove cap; hold the dropper over the eye.
 - ix. Have the patient look up as the lower lid is gently pulled down; squeeze the dropper and count the required drops as the dropper is guided over the inner canthus. Do not allow the dropper to touch conjunctiva or eyeball.
 - x. Release the eyelid and tell patient to blink to distribute the medication.
 - xi. Blot excess medication from face with tissue and dispose of tissue in waste container. Caution: do not use the same tissue more than once, wipe one time from inner side out then discard.
 - xii. Repeat steps 6-9 if both eyes are to be medicated.

- xiii. Clean area; store eye drops according to instructions.
- xiv. Remove gloves.
- xv. Assist patient to comfortable position.
- xvi. Wash hands.
- xvii. Record/report as directed.

6.0 Procedure for Assistance with Instillation of Ear Drops

- A. When assisting with the instillation of ear drops the student will:
- i. Wash hands.
 - ii. Check ear medication against the physician's order using the "6 rights." Verify which ear is to be medicated.
 - iii. Put on gloves.
 - iv. Check the medication label for correct application to the ear.
 - v. Verify identity of patient.
 - vi. Explain the procedure to the patient.
 - vii. Position patient on side opposite of the affected ear.
 - viii. Inspect for drainage.
 - a. For adult: gently pull ear auricle up and back.
 - b. For child: gently pull ear auricle down and back.
 - ix. Caution: If drainage is present gently wipe with gauze pad and water then discard into waste container. (Drainage may prevent effectiveness of drops).
 - x. Maintain patient's position and count the number of required drops. Caution: Do not allow the dropper to touch the ear. Check to be sure that the drops are flowing into the ear canal.
 - xi. Tell patient to remain on his/her side for 5-10 minutes to allow medication to reach the entire ear canal.

- xii. Blot excess medication from outer ear with tissue. Dispose of tissue in waste container. Caution: do not use the same tissue for both ears.
- xiii. Repeat steps 7-11 if both ears are to be medicated.
- xiv. Clean area.
- xv. Remove gloves.
- xvi. Assist patient to comfortable position.
- xvii. Wash hands.
- xviii. Store eye drops according to instructions.
- xix. Record/report as directed.

7.0 Procedure for Assistance with Topical Medications

- A. When assisting with topical medications the student will:
- i. Wash hands.
 - ii. Check prescribed medication following the “6 rights.”
 - iii. Verify identity of patient.
 - iv. Explain procedure to patient.
 - v. Assist patient to position of comfort.
 - vi. Provide privacy.
 - vii. Expose area to be treated; protect surrounding area with towels.
 - viii. Put on gloves; remove and dispose of dressings as instructed by supervising nurse.
 - ix. Clean the treated area to remove old medication, crusting, etc. with soap and water or other prescribed cleansing agent as directed by the supervising nurse.
 - x. Dispose of contaminated objects in plastic lined waste container.
 - xi. Dispose of gloves.
 - xii. Wash hands before putting on clean gloves if a change is made.
 - xiii. Use tongue blade to remove topical medication from the container and assist patient to spread medication. Spread with gentle long, smooth strokes in the direction of hair growth.
 - xiv. Dispose of tongue blade in waste container. Do not return used blade or unused medication to container.
 - xv. Replace dressings as directed by supervising nurse.

- xvi. Assure patient's comfort; assist patient with hand washing if necessary.
- xvii. Clean area.
- xviii. Dispose of waste as directed by supervising nurse.
- xix. Remove gloves and dispose of them.
- xx. If necessary remove gloves; wash hands.
- xxi. Store medication as directed.
- xxii. Report/record as directed.

8.0 Procedure for Assistance with Instillation of Nose Drops

- A. When assisting with instillation of nose drops the student will:
- i. Wash hands.
 - ii. Check prescribed medication using the “6 rights.”
 - iii. Verify identity of patient.
 - iv. Explain procedure to patient.
 - v. Provide privacy.
 - vi. Assist patient to sit or lie down. Place pillow behind the patient’s neck and arrange for comfort as patient tilts head backward with nose pointed toward ceiling.
 - vii. Put on gloves.
 - viii. Draw medication into dropper.
 - ix. With one hand gently push up on the nostril to help open it.
 - x. Place dropper at the entrance to the nostril and instill the drops as ordered.
 - xi. Ensure patient’s comfort; encourage patient to lie quietly with her head tilted backward for 5 minutes so drops can flow toward the back of the nasal cavity.
 - xii. Repeat steps 7-10 for second nostril if necessary.
 - xiii. Provide emesis basin or tissue if patient needs to expectorate any medication that flows into the back of throat.
 - xiv. Provide facial tissue to wipe any excess medication. Discard tissue in waste container.

- xv. Clean nose dropper by separating top from pipette and wash with warm water; allow to air dry; replace pipette to top when dry.
- xvi. Clean area.
- xvii. Remove gloves, dispose of gloves, and wash hands.
- xviii. Store medication as directed.
- xix. Report/record as directed.

9.0 Procedure for Assistance with Inserting a Vaginal Suppository

- A. When assisting with insertion of a vaginal suppository the student will:
- i. Wash hands.
 - ii. Check prescribed suppository following the “6 rights.”
 - iii. Verify patient identity.
 - iv. Assist patient to urinate if necessary.
 - v. Explain procedure to patient.
 - vi. Provide privacy.
 - vii. Assist patient to bed in a lithotomy position lying on back with knees flexed. Cover patient with sheet or blanket exposing only the perineum.
 - viii. Put on gloves; remove suppository from wrapper and coat pointed end with water-soluble lubricant. (Do not use a petroleum-based lubricant.)
 - ix. Insert suppository about 2 inches into the vagina.
 - x. Gently wipe excess lubricant off area and pat dry.
 - xi. Apply a sanitary pad to absorb any discharge as the suppository melts.
 - xii. Ensure patient’s comfort; encourage patient to lie quietly as long as possible, so the suppository can melt and be absorbed.
 - xiii. Clean work area.
 - xiv. Remove gloves, dispose of gloves, and wash hands.
 - xv. Store medication as directed.
 - xvi. Report/record as directed.

10.0 Procedure for Assistance with Inserting Rectal Suppositories

- A. When assisting with insertion of a rectal suppository the student will:
 - i. Wash hands.
 - ii. Check prescribed suppository following the “6 rights.”
 - iii. Verify identity of patient.
 - iv. Explain procedure to patient, provide privacy.
 - v. Assist patient to Sim's position (left side), cover patient with sheet or blanket, exposing only the anal area.
 - vi. Put on gloves; remove suppository from wrapper and coat pointed end with water-soluble lubricant. (Do not use a petroleum-based lubricant.)
 - vii. Tell patient to take a deep breath and insert the suppository into the anus past the internal sphincter along the rectal wall.
 - viii. Ensure patient's comfort; encourage patient to lie quietly as long as possible, preferably 20 minutes.
 - ix. Use tissues to wipe anal area, then clean with a warm wet cloth and pat area dry.
 - x. Remove gloves, dispose of gloves, and wash hands.
 - xi. Assist patient to bathroom, commode, or bedpan. (If suppository is used for reasons other than constipation assist patient to position of comfort and skip steps 11-17).
 - xii. Put on a new pair of gloves.
 - xiii. Assist patient to clean the anal area.

- xiv. Assist patient to position of comfort.
- xv. Observe stool results for color, consistency, amount and odor.
- xvi. Clean equipment and area as necessary.
- xvii. Remove gloves, dispose of gloves, and wash hands.
- xviii. Store medication as directed.
- xix. Report/record as directed.

11.0 Procedure for Assistance with Pre-Mixed Nebulizers

- A. When assisting with pre-mixed nebulizers the student will:
 - i. Make sure the equipment is clean, dry, located at table height and plugged into a properly grounded outlet.
 - ii. Verify identity of patient.
 - iii. Put on gloves.
 - iv. Put the medication into the receptacle and connect the receptacle to the face mask.
 - v. Attach the tubing to the nebulizer.
 - vi. Turn the machine on and check for a mist.
 - vii. Set Up:
 - a. If it is a mouthpiece assist the patient to place it in his mouth with his lips closed tightly to form a seal. Tell him to breathe in deeply through his mouth. He may require a nose clip to do so (as provided by the supervising nurse).
 - b. If it is a face mask assist the patient to position it over his nose and mouth and place the elastic band around his head.
 - viii. Make sure all the medication is gone from the receptacle before ending the treatment.
 - ix. Assist patient to rinse mouth if he desires.
 - x. Help patient to a position of comfort.
 - xi. Rinse out the medication container with warm running water and allow it to air dry.

- xii. Rinse off the mouth piece/face mask with warm running water and allow it to air dry.
- xiii. Unplug machine from the wall outlet.
- xiv. Cover machine when not in use with provided cover or clean towel.
- xx. Remove gloves, dispose of gloves, and wash hands.
- xv. Store pre-mixed solution as directed.
- xvi. Report/record as directed.

12.0 Procedure for Assistance with Pre-Mixed (Metered-Dose) Hand-Held Inhalers

- A. When assisting with a pre-mixed (metered-dose) hand-held inhaler the student will:
- i. Wash hands.
 - ii. Check pre-mixed inhaler following the “6 rights.”
 - iii. Verify identity of patient.
 - iv. Explain the procedure and how you will assist.
 - v. Put on gloves.
 - vi. Follow pre-shaking directions on inhaler and shake if required.
 - vii. Assist patient to a sitting position for metered dose inhalers.
 - viii. Give inhaler to patient and explain that after she has blown out all the air she can, you will help her press the canister to deliver the medication dose.
 - ix. Tell patient to breathe out as much air as possible.
 - x. When the patient has blown out all the air she can, assist her to place the inhaler into her mouth with her lips tightly closed around it.
 - xi. Tell the patient to breathe deeply through the mouth as you assist her to press on the metal cartridge/canister in a downward motion.
 - xii. Tell the patient to hold her breath as long as possible and to not to remove the mouthpiece. She should hold her breath for 10 seconds if possible.

- xiii. After holding her breath the patient should remove the mouthpiece and let her breath out slowly.
- xiv. Repeat steps 8-12 if more than one treatment is ordered.
- xv. Clean inhaler thoroughly with warm running water. If the canister is removable separate parts and clean. Allow to air dry.
- xvi. Remove gloves, dispose of gloves, and wash hands.
- xvii. Store inhaler according to directions.
- xviii. Report/record as directed.

13.0 Procedure for Assistance with Medications Instilled in a Gastric Tube

- A. When assisting with medication instillation through a gastric tube the student will:
- i. Wash hands.
 - ii. Provide privacy.
 - iii. Check the medication following the “6 rights.”
 - iv. Verify patient identity.
 - v. Put on gloves.
 - vi. Explain the procedure and how you will assist the patient.
 - vii. Prepare/assist patient with preparation of medication. Measure liquid medication or crush tablet as directed by the supervising nurse.
 - viii. Dilute medication as directed.
 - ix. Assist patient to a position of comfort as directed.
 - x. Keep patient covered and comfortable while exposing only the gastric tube.
 - xi. Protect area around the tube with a towel.
 - xii. Caution: If any discharge or secretions are noted around the tube, report to the supervising nurse immediately following the procedure.
 - xiii. Remove the plug from gastric tube; unclasp and straighten as needed.

- xiv. Check to be sure gastric tube in the stomach by placing syringe tip into gastric tube and gently withdraw plunger. If gastric contents are drawn back the tube is in a correct position.
- xv. Caution- If you are unable to draw back gastric contents contact the supervising nurse before going any further.
- xvi. Re-instill aspirated contents or discard as directed.
- xvii. Remove syringe from tube and remove plunger; put syringe tip back into tube.
- xviii. Assist patient in adding prescribed volume of diluted medication to syringe and watch to make sure it moves into the tube. Do not fill the syringe over $\frac{1}{2}$ full at any time. Assist patient to add more medication as needed when syringe is $\frac{3}{4}$ empty.
- xix. Continue to add medication.
- xx. When finished with medication, follow with volume of fluid as directed to flush tube.
- xxi. Re-clamp gastric tube, replace plug on tube and place the tube in position of comfort to the patient. Remind patient to remain in position for about 30 minutes.
- xxii. Clean area and store medication as directed.
- xxiii. Remove gloves, dispose of gloves and wash hands.
- xxiv. Record/report as directed.

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